

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Stage II – Facility Registration and Compliance Form**

Completion of this form is required by and satisfies the requirements of the Virginia Department of Environmental Quality Procedures for Implementation of Regulations Covering Stage II Vapor Recovery Systems for Gasoline Dispensing Facilities, AQP-9. Failure to provide complete and accurate information may delay the operation of your facility. Complete items 1 – 7 PRIOR to installation of vapor recovery equipment and send a copy of this form to the Department. Within 30 days of testing the entire vapor recovery system, complete item 8, attach the test results, and send the completed copy of this form to the Department.

**PLEASE TYPE OR PRINT CLEARLY**

**1. FACILITY OWNER:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

**2. FACILITY OPERATOR/LESSEE:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

**3. FACILITY INFORMATION:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

**4. TYPE OF VAPOR COLLECTION AND CONTROL SYSTEM (check one only):**

Vapor Balance

Vacuum Assist

Other: \_\_\_\_\_

**5. VAPOR COLLECTION AND CONTROL EQUIPMENT INFORMATION: Only equipment that has already been approved and certified by the California Air Resources Board (CARB) is acceptable.**

Equipment	No. of	Manufacturer's Name	Model No.	CARB Number (Executive Order #)
NOZZLES				
HOSES				
DISPENSERS				

**6. ANTICIPATED DATES OF INSTALLATION:**

Underground: \_\_\_\_\_  
Mo. / Day / Year

Aboveground Equipment: \_\_\_\_\_  
Mo. / Day / Year

**7. STATEMENT OF NOTIFICATION (Sign and return one copy):** I certify that I have provided the above information, and to the best of my knowledge it is true and complete.

Signature of legally responsible person

Date

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

**8. STATEMENT OF COMPLIANCE:** (Sign and return a copy when the installation of equipment has been completed): I certify that the equipment listed in item #5 above has been installed and tested in accordance with AQP-9, C1 or C2. (Attach Documentation)

Signature of legally responsible person

Date

**Return Forms to the Appropriate Office.** In Northern Virginia area: DEQ- Air Division, 13901 Crown Court, Woodbridge, VA 22193; (703) 583-3800. In the Richmond area: DEQ-Air Division, 4949 A Cox Road, Glen Allen, VA 23060; (804) 527-5020.